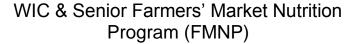


MARKET MANAGER APPLICATION & AGREEMENT





Mail completed application forms to:

FMNP California WIC Program/LASB 3901 Lennane Drive, MS 8600 Sacramento, CA 95834

The Market Manager Application is used by the California Women, Infants and Children (WIC) Program and California Department of Food and Agriculture (CDFA) to authorize market managers to oversee farmers who participate in the WIC and Senior Farmers' Market Nutrition Program. Please review the application instructions that accompany this application. Note: Complete either section 1A or 1B. <u>Applications Accepted: March 1 – September 30</u>

Section 1A: Market Manager Information (for market operations in one location only)				
Name of Market Manager				
Mailing Address				
City	County		ZIP Code	
Phone (Business)	Phone (Cell)		FAX Number	
Email Address			<u>'</u>	
Section 1B: Organization or Association Information (for multiple market operations)				
Name of Association				
Name of Market Administrator or General Manager				
Mailing Address (if different from above)				
City	County		ZIP Code	
Phone (Business)	FAX N		Number	
Email Address				

Section 2: Provide information for all markets under your management.					
*Attach additional sheets if r	needed.				
	Market Information			ficate Information:	
Market Name	Day of Week/ Hour	rs of Operation	Issuing County	,	
On-site Market Manager	Months of Operation	Months of Operation Certificate Number		nber	
Market Location	County		Expiration Date	9	
Market Name	Day of Week/ Hour	Day of Week/ Hours of Operation		Issuing County	
On-site Market Manager	Months of Operation	Months of Operation		Certificate Number	
Market Location	County	County		Expiration Date	
Market Name	Day of Week/ Hour	Day of Week/ Hours of Operation		Issuing County	
On-site Market Manager	Months of Operation	Months of Operation		Certificate Number	
Market Location	County	County		Expiration Date	
Section 3: First-time Ma	rket Manager Trainin	ng Requirement			
A face-to-face or interactive training is required during the first year of application. Training must be completed prior to submitting your application to the State. The training may be provided by a State or Local WIC Agency staff. Please obtain the trainer's signature here when training is completed. Returning Market Managers may disregard this section.					
Signature of Trainer		Title		Date	
Section 4: Market Manager Agreement and Signature					
All the information in this application is true and correct. I understand that providing any false information may result in the California WIC and Senior FMNP denying or terminating my authorization to participate.					
By signing this application, I agree to follow all the program requirements governing the Farmers' Market Nutrition Program as stated in the Farmer and Market Manager Handbook.					
Market Manager Sign	nature	Print Name		Date	
FOR STATE USE ONLY					
Status Approved D	enied Incomplete	Notes			
Signature of State Represer	tative	Title		Date	

Section 5: Participating Farmers' Information and Certification

Please list all new and existing WIC Authorized Farmer-Vendors who participate in Farmers' Market(s) under your management, including farmers who sell at multiple locations.

Please list farmers by location of market. Use separate sheet for additional market locations.

Market Name

Farmer's Name	Farm Name	WIC Farmer ID Number (optional)	Farmer's Producer's Certificate No. (required)	Certificate Expiration Date (required)
Example Peter Rabbit	Peter Rabbit Farm	XXXXXX	CP09-12345	06/30/2010
		<u> </u>		

Application will not be processed without this information.

Please keep a current copy of each farmer's Certified Producer's Certificate on file for reference.

A copy may be requested by the State for verification.

In accordance with Federal law, U.S. Department of Agriculture policy and state law this institution is prohibited from discriminating on the basis of race, color, national origin, religion, political belief, sex, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.